

TOWNES, J.

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK
225 Cadman Plaza East
Brooklyn, New York 11201
(718) 613-2265

BLOOM, M.J.

DOUGLAS C. PALMER
Clerk of Court

CV 15

4392

Layton S. Turner
B&C# 8951500351
OBCC16-00 Hazen Street
East Elmhurst, NY 11370

Date: **AUG 19 2015**

Docket Number: CV (include this number on all papers submitted to the Court)

Dear Litigant:

The Clerk's Office received the enclosed papers on 07/20/2015. A docket number has been assigned to your submission. The papers are deficient for one or more of the following reasons checked below. Please read this list carefully to correct any mistakes or omissions in your papers. If you decide to proceed with your action, you must return the enclosed papers **WITHIN 14 DAYS FROM THE DATE OF THIS LETTER**. If you do not comply, your case will not proceed.

☐

Papers, including complaints, petitions, motions or any other document, cannot be filed without an original signature pursuant to Rule 11 of the Federal Rules of Civil Procedure. Your original signature is needed wherever an "X" appears.

☒

A total fee of \$400 (consisting of \$350 civil action filing fee and a \$50 administrative fee) [in cash, if submitted in person] or by certified check or money order made payable to the Clerk of Court, U.S.D.C., E.D.N.Y., is required in order to commence a civil action other than an application for a writ of habeas corpus or a motion under 28 U.S.C. § 2255 - or - you may request to waive the \$350 filing fee by completing an IFP application pursuant to 28 U.S.C. § 1915; if the application is granted the administrative fee will not apply. If you are a prisoner, you must also complete the Prisoner Authorization form along with the IFP application. An IFP application and/or Prisoner Authorization form is enclosed.

☐

Each plaintiff named in the caption must sign the complaint and each plaintiff must complete a separate IFP application and/or Prisoner Authorization form, if applicable. An IFP application and/or Prisoner Authorization form for each plaintiff named in the caption is enclosed.

☐

Your IFP application does not contain enough information for the Court to consider your request. Please complete the enclosed IFP application. If you are presently incarcerated, please complete the enclosed Prisoner Authorization form as well as the IFP application.

☐

Other: PLEASE COMPLETE PLRA & RETURN

Sincerely,

Brenna B. Mahoney

Chief Deputy for Court Operations

Enclosure(s)
rev. 4/20/15

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

PRISONER AUTHORIZATION

Case Name: _____ vs. _____
(Enter full name of plaintiff(s)) (Enter full name of defendant(s))

Docket Number: _____ -CV- _____ ()
(Enter the docket number if available; if filing with your complaint, leave blank)

The Prison Litigation Reform Act ("PLRA" or "Act") amended the *in forma pauperis* statute (28 U.S.C. § 1915) and applies to your case. Under the PLRA, you are required to pay the full filing fee when bringing a civil action if you are currently incarcerated or detained in any facility. If you do not have sufficient funds in your prison account at the time your action is filed, the Court must assess and collect payments until the entire filing fee of \$350 has been paid, **no matter what the outcome of the action.**

SIGN AND DATE THE FOLLOWING AUTHORIZATION:

I, _____ (print or type your name), request and authorize the facility institution or agency holding me in custody to send to the Clerk of the United States District Court for the Eastern District of New York, or, if this matter is transferred to another district court, to the Clerk of the transferee court, a certified copy of my prison account statement for the past six months. I further request and authorize the facility or agency holding me in custody to calculate the amounts specified by 28 U.S.C. § 1915(b), to deduct those amounts from my prison trust fund account (or institutional equivalent), and to disburse those amounts to the United States District Court for the Eastern District of New York. This authorization shall apply to any facility or agency into whose custody I may be transferred, and to any other district court to which my case may be transferred and by which my *in forma pauperis* application may be decided.

I UNDERSTAND THAT BY SIGNING AND RETURNING THIS NOTICE TO THE COURT, THE ENTIRE COURT FILING FEE OF \$350 WILL BE PAID IN INSTALLMENTS BY AUTOMATIC DEDUCTIONS FROM MY PRISON TRUST FUND ACCOUNT EVEN IF MY CASE IS DISMISSED.

Signature of Plaintiff

Date Signed

Prisoner I.D. Number(s) _____

Name of Current Facility _____